

BIRTH CERTIFICATE WALK-IN OR MAIL APPLICATION FORM

FOR OHIO BIRTHS ONLY

Instructions:

1. Complete the form below for each certificate request.
2. Take completed form to Cashier window and pay \$25 for each certificate copy request (cash, check, credit cards, and debit cards are accepted).
3. Bring payment receipt and application to the Drop Off window to complete your request.

For VS office use only:

Reg#: _____

Microfilm date: _____

Aff/Supp MF date: _____

Note: Due to storage on microfilm some certificate requests may take longer to process.

Number of Certificates Requested

Check the box of the number of copies that you are requesting:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other: _____

How & When Do You Want to Receive Your Certificates?

Check the box next to how you would like to receive your certificates:

☐ Same day service ☐ Next day pick-up ☐ Next day mail-out

Information on Certificate Being Requested

First Name	Middle Name	Last Name on Certificate
Place of Birth OHIO ONLY	City, Village, or Township of birth	Date of Birth ____ / ____ / ____ Month Day Year
Name of hospital	If any corrections or changes have been made to this certificate, please list:	
Mother's First Name	Mother's last name prior to first marriage (maiden name)	
Father's First Name	Father's Last Name	
Your signature:	Current Date: ____ / ____ / 20____	Phone #: (____) ____ - ____

Your Information (person requesting certificate)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____